

Birth Certificate Request Form

Please print out this form and return to:

Town Clerk
30 Providence Road
Grafton, MA 01519

Requests submitted through the mail will be processed on the date they are received.

Full name of person on the record of birth

First	Middle	Last
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Date of Birth

Month	Day	Year
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Full Name of Mother/Parent

First	Middle	Last
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Full Name of Father/Parent

First	Middle	Last
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Signature of Requester_____

Daytime telephone number_____

Area Code	Number
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Fee is \$5.00 per copy.
Make check payable to Town of Grafton.
Include a self-addressed envelope.